

Heavy Equipment Daily Inspection Checklist

Prior To Use On Site

General safety condition:

Problems or repairs needed:

Repairs or Maintenance completed:

Other Notes:

Inspection Completed By: _____

Print Name: _____

Company Name: _____



Need it

UNIVERSAL
RENT - IT - ALL

Rent It

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HEAVY-EQUIPMENT INSPECTION

FREQUENCY: Heavy equipment - inspect daily and prior to use on site.

Inspection Date: ____/____/____ Time: _____ Equipment Type: _____
Unit# _____

Required Daily and Prior to Use on Site:

	Good	Need Repair	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires or tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil leak/lube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cab, mirrors, seat belt and glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn and gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backup lights and alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake condition (dynamic service, park, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield wipers and fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling devices and connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blade/Boom/Ripper condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>